

ABPP Annual Maintenance of Board Certification

Attestation Form 2009

mail to: 600 Market Street, Suite 300
Chapel Hill, NC 27516

Phone: 919-537-8031
Fax: 919-537-8034

Due by March 31, 2009
\$25 late fee after 03/31/09

Applicant Information - Please complete the following as you would like it to appear in the ABPP online specialist directory

Name _____ Address _____
Phone _____
Email _____
Fax _____

Please read the following and check all that apply:

- I actively maintain my practice of professional psychology in my specialty and hold valid statutory recognition in the jurisdiction(s) of my practice
- I have retired from the practice of professional psychology. However, I am electing to maintain my ABPP certification in Retired Status.
- I have not received any professional misconduct or ethical violation judgments against me by the APA, CPA or any affiliated state, provincial or territorial psychological association or licensing board which have not been previously disclosed to ABPP.
NOT CHECKING THIS BOX IMPLIES THAT YOU HAVE HAD AN ETHICAL VIOLATION.

Fees for year 2009 - DUE BY MARCH 31, 2009 - Please read the following statements and select the appropriate option:

I am **CURRENT** - my last attestation was submitted in 2008.

\$185 Active Status Fee
 \$50 Retired Status Fee

I am **LATE** - my last attestation was submitted in 2007. (These fees include the fee for 2008 and a late fee)

\$395 Active Status Fee
 \$125 Retired Status Fee

I am **ARCHIVED** - my last attestation was submitted in 2006 or earlier. (These fees include the fee for 2007 and 2008 and a late fee)

\$500 Active Status Fee
 \$150 Retired Status Fee

The \$500 fee reflects an \$85 waiver if the attestation is submitted by March 31, 2009. (\$150 retired fee reflects a \$50 waiver)

My dues are pre-paid as a Lifetime Certified Specialist

I wish to make a voluntary contribution of \$ _____ **Total: \$** _____

Please indicate method of payment below:

If you are paying by credit card, you may also fax this form to: 919-537-8034

Check enclosed Visa Mastercard

Card Number _____ Expiration date _____

Cardholder Name _____ Signature _____

Although you need not be a member of APA or the National Register to maintain your ABPP status, please check the appropriate box below:

APA member: yes no NR Member: yes no

Please read the following statements and sign below:

I agree that I shall advise BOT within thirty days of the occurrence of the following events: my psychology license in any jurisdiction is revoked, suspended, restricted, subject to material conditions, or voluntarily relinquished; or a governmental body, the American Psychological Association, the Canadian Psychological Association or any affiliated state, provincial, or territorial association, determines that I have committed professional misconduct, or violated material rules of such body. This reporting obligation exists regardless of the pending outcome of any appeal or other proceedings related to the triggering event.

We want to advise you that if the matter you report is relatively minor, ABPP will simply note your cooperation in the reporting process. However, if that matter is major, an obligation may exist to submit it for possible review by the Ethics Committee of the American Board of Professional Psychology.

I hereby attest that the proceeding statement and any attached information is true, complete, and accurate to the best of my knowledge and belief.

Specialists holding multiple certifications pay no additional fees. The pre-1983 fee has been discontinued.

Signature _____ Date _____